

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/15/99 355-1806

## **CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3		1				
4						
5		4				
6		4				
7		4				
8		4				
9		4				
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50						
TOTAL IND.			1			
TOTAL DEP.			10			
TOTAL CLAIMS			11			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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